

Volunteer Application

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

POSITION APPLIED FOR : Auxiliary

PLEASE PRINT OR TYPE CLEARLY:

Last Name	First	Initial	
<hr/>			
Street Address	City & State	Zip	
<hr/>			
Mailing Address	City & State	Zip	
<hr/>			
Telephone Home	Work	Cell	Message
<hr/>			
Electronic Mail Address	Driver's License Number/ State Issued / Expiration Date		
<hr/>			
Best way to reach you? Home Phone Cell Phone E-mail			
<hr/>			
Nickname or preferred name			

Answer all of the questions listed below:

1. Are you 18 years of age or over? Yes No

2. Can you demonstrate that you are a Citizen of the United States or that you are legally authorized to work in the United States? Yes No

3. Have you previously been employed by or volunteered for the City of Grants Pass? Yes No
If so, when and what position/s? _____

4. Have you ever been a member of a State of Oregon Public Employees Retirement System (PERS or OPSRP)? Yes No

6. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation? Yes No

(Convictions are not an automatic bar to employment. Each case is considered separately.)

Please attach a separate sheet that discusses all convictions including date, charge, and disposition. This includes any convictions that may have been expunged.

7. Do you have a High School Diploma? Yes No

Name of School	Location (City & State)
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8. If not, do you have a General Equivalency Degree/Certificate? (GED) Yes No

Name of School	Location (City & State)
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Skills and Abilities:

Using a scale of 0 to 5 (0 is low and 5 is high) please indicate your skill level for the following:

_____ Typing / Keyboarding (_____ wpm)	_____ Computer Use
_____ Email	_____ Internet Use
_____ Microsoft Office Applications	_____ Multi-Line Phone
_____ 10-Key	_____ Spreadsheet Software
_____ Public Speaking	_____ Interpersonal Communication Skills
_____ Defensive Driving	_____ Other _____

List any special training, certificates, professional, vocational licenses, registrations, languages, or additional job-related skills that you believe would be of benefit to the Grants Pass Department of Public Safety Auxiliary Program:

Education / Specialized Training:

List additional Education beyond High School (college, universities, military schools, trade schools etc).

Name of School	Location (City & State)	Major	Credits Completed	Certificates or Degrees

Employment History:

Starting with your present or last employer, please list your work experience during the last 10 years, including all non-paid or volunteer work. If you need more space, please attach additional sheets. Explain gaps in employment. A resume will not be accepted as a substitute for employment history.

Job Title _____ Start Date _____ End Date _____

Employer _____ Address _____

Phone _____ Direct Supervisor _____

Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No

Starting Salary _____ Ending Salary _____

Duties/Responsibilities _____

Reason for leaving : _____

Job Title _____ Start Date _____ End Date _____

Employer _____ Address _____

Phone _____ Direct Supervisor _____

Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No

Starting Salary _____ Ending Salary _____

Duties/Responsibilities _____

Reason for leaving: _____

Job Title _____ Start Date _____ End Date _____
Employer _____ Address _____
Phone _____ Direct Supervisor _____
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No
Starting Salary _____ Ending Salary _____
Duties/Responsibilities _____
Reason for leaving : _____

Job Title _____ Start Date _____ End Date _____
Employer _____ Address _____
Phone _____ Direct Supervisor _____
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No
Starting Salary _____ Ending Salary _____
Duties/Responsibilities _____
Reason for leaving : _____

Job Title _____ Start Date _____ End Date _____
Employer _____ Address _____
Phone _____ Direct Supervisor _____
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No
Starting Salary _____ Ending Salary _____
Duties/Responsibilities _____
Reason for leaving : _____

If more space required for Employment History, please attach an additional sheet.

AGREEMENT: I understand any misrepresentation or deliberate omission may be justification for termination or refusal of assignment to the Grants Pass Department of Public Safety Auxiliary Program. I HEREBY AUTHORIZE THE EMPLOYERS, SCHOOLS OR PERSONS NAMED ON THIS APPLICATION TO GIVE ANY ADDITIONAL INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER. I HEREBY AUTHORIZE THE CITY TO REVIEW MY DRIVING RECORD AS WELL AS CRIMINAL HISTORY.

Please read the above and sign _____
Signature Date